

## Original Paper

# Exploring Acceptability of Employment Interventions to Support People Living With Cancer: Qualitative Study of Cancer Survivors, Health Care Providers, and Employers

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## Abstract

**Background:** Employment contributes to cancer survivors' quality of life, but this population faces a variety of challenges when working during and after treatment. Factors associated with work outcomes among cancer survivors include disease and treatment status, work environment, and social support. While effective employment interventions have been developed in other clinical contexts, existing interventions have demonstrated inconsistent effectiveness in supporting cancer survivors at work. We conducted this study as a preliminary step toward program development for employment support among survivors at a rural comprehensive cancer center.

**Objective:** We aimed (1) to identify supports and resources that stakeholders (cancer survivors, health care providers, and employers) suggest may help cancer survivors to maintain employment and (2) to describe stakeholders' views on the advantages and disadvantages of intervention delivery models that incorporate those supports and resources.

**Methods:** We conducted a descriptive study collecting qualitative data from individual interviews and focus groups. Participants included adult cancer survivors, health care providers, and employers living or working in the Vermont–New Hampshire catchment area of the Dartmouth Cancer Center in Lebanon, New Hampshire. We grouped interview participants' recommended supports and resources into 4 intervention delivery models, which ranged on a continuum from less to more intensive to deliver. We then asked focus group participants to discuss the advantages and disadvantages of each of the 4 delivery models.

**Results:** Interview participants ( $n=45$ ) included 23 cancer survivors, 17 health care providers, and 5 employers. Focus group participants ( $n=12$ ) included 6 cancer survivors, 4 health care providers, and 2 employers. The four delivery models were (1) provision of educational materials, (2) individual consultation with cancer survivors, (3) joint consultation with both cancer survivors and their employers, and (4) peer support or advisory groups. Each participant type acknowledged the value of providing educational materials, which could be crafted to improve accommodation-related interactions between survivors and employers. Participants saw usefulness in individual consultation but expressed concern about the costs of program delivery and potential mismatches between consultant recommendations and the limits of what employers can provide. For joint consultation, employers

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